



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | | |
|---|---------|------------|-----------|
| PART I LOBBYIST | | | |
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Rosati | Kelly | M | 203-6704 |
| MAILING ADDRESS (Street) | | | FAX |
| 6301 Pali Hwy | | | 261-7022 |
| (City) | (State) | (Zip Code) | |
| Kaneohe | HI | 96744 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| | | | |
| MAILING ADDRESS (Street) | | | FAX |
| | | | |
| (City) | (State) | (Zip Code) | |
| | | | |

| | | |
|--|---------|------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| Hawaii Family Forum | | 203-6704 |
| MAILING ADDRESS (Street) | | FAX |
| 6301 Pali Hwy | | 261-7022 |
| (City) | (State) | (Zip Code) |
| Kaneohe | HI | 96744 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Kelly Rosati | | 203-6704 |
| MAILING ADDRESS (Street) | | FAX |
| 6301 Pali Hwy | | 261-7022 |
| (City) | (State) | (Zip Code) |
| Kaneohe | HI | 96744 |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | |
|---|---|--|--|
| Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | Science, Technology & Economic Development |
| Communications & Public Utilities | Government Operations & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | Tourism & Recreation |
| Consumer Protection & Commerce | Hawaiian Affairs | Labor & Employment | Transportation |
| Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | Planning, Land & Water Use Management | Other: (indicate below) |
| Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | Public Safety & Corrections | <u>Judiciary</u> |

| PART IV CERTIFICATION OF LOBBYIST | |
|--|--------------------------|
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | |
| <u>Kelly M Rosati</u> (Signature of Lobbyist) | <u>1/28/07</u> (Date) |

| PART V AUTHORIZATION TO LOBBY | |
|--|---|
| NAME <u>Kelly Rosati</u> | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Executive Director</u> |
| NAME OF ORGANIZATION (if applicable) <u>Hawaii Family Forum</u> | TELEPHONE <u>203-6704</u> |
| MAILING ADDRESS (Street) <u>6301 Pali Hwy</u> | FAX <u>261-7022</u> |
| (City) <u>Kaneohe</u> | (State) <u>HI</u> |
| (Zip Code) <u>96744</u> | |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. | |
| <u>Kelly M Rosati</u> (Signature of Authorizing Officer or Person Represented) | <u>1/28/07</u> (Date) |